

Iowa Department of Transportation
Purchasing Section
Contract

Model Year 2017 Trucks, Vans and SUVs

Contract Number: 7163

This agreement is between the Iowa Department of Transportation,
Operations & Finance Division, Ames, Iowa (hereinafter "Agency") and

BOB BROWN CHEVROLET
of 3600 111TH ST URBANDALE, IA 503223820 (hereinafter "Supplier")

1. In consideration of **Two Hundred Sixteen Thousand Three Hundred Fifty Eight and 00/100 (\$216,358.00)** payable as set forth in the bid specifications. Supplier hereby agrees to furnish goods or services or both as herein specified, per bid proposal 17365, as let on OCTOBER 13, 2016 at the following agreed upon price(s) or rate(s):

<u>Item</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Total Cost</u>
SMPU - C	Chevrolet Colorado Crew Cab 4x2 Short Box	8	\$23,721.00	\$189,768.00
HDPU - B(O)	Chevrolet Silverado 2500 Reg. Cab 4x4 Long Box, Orange Paint	1	\$26,590.00	\$26,590.00

2. The parties agree that the following documents shall be considered part of this contract:
 - a. Agency's bid proposal including standard terms and conditions dated OCTOBER 13, 2016
 - b. Supplier's bid response with attachments, if any;
 - c. Certificate of Insurance listing the Iowa Department of Transportation as additional insured, if required.
3. Contract period
Begin Date: NOVEMBER 10, 2016
End Date: NOVEMBER 9, 2017
4. Contract renewal options Yes X No
Number of available renewals after the original contract period 1 in 12 month increments.
5. The parties agree that time is of the essence of this contract and that it contains all of the terms and conditions agreed upon by them.
6. By executing the Contract the Supplier certifies it is either (a) registered with the Iowa Department of Revenue, collects, and remits Iowa sales and use taxes as required by Iowa Code chapter 423; or (b) not a "retailer" or a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code Section 423.1. The Supplier also acknowledges that the Agency may declare the contract void if the above certification is false. The Supplier also understands that fraudulent certification may result in the Agency or its representative filing for damages for breach of contract.

7. The parties agree that if Supplier fails to comply with the terms of this contract, Supplier shall pay Agency as liquidated damages and not as a penalty, the amount specified in the proposal instructions.

8. Additional terms; if any, N/A.

Supplier Contact Information

Contact person: Merle Elbert

Email: merle.elbert@bobbrownauto.com

Phone: 515-278-7875

Fax:

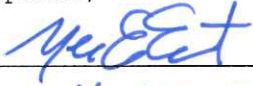
Agency Internal Coding - Cost Center: 755000 OBJ. 701 FUNC. 044

Bid Bond required N/A

BOB BROWN CHEVROLET

(Supplier)

By



Date

11-15-2014

Contract Number: 7163

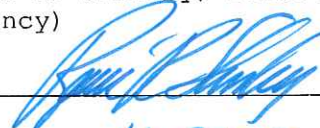
Iowa Department of Transportation

Operations & Finance Division

Renee R. Shirley, Director of Purchasing

(Agency)

By



Date

11-22-16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Reynolds & Reynolds Inc. 300 Walnut Street, Suite 200 Des Moines IA 50309-2262		CONTACT NAME: Kurt Strickler PHONE (A/C, No, Ext): (515) 243-1724 FAX (A/C, No): (515) 243-6664 E-MAIL ADDRESS: k.a.strickler@reynolds-reynolds.com	
INSURED Bob Brown Chevrolet Inc 3600 111th Street Urbandale IA 50322		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Prop Cas Co America INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25674	

COVERAGES**CERTIFICATE NUMBER:** 16/17 All Lines \$1M Umb**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	AD-4H504593	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	AD-4H504593	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	CUP-4H49632A	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	GarageKeepers Liability Direct Primary	X	AD-4H504593	8/1/2016	8/1/2017	Aggregate \$1,000,000 Deductible \$500/ \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

It is hereby agreed and understood that the State of Iowa and the Agency are named as additional insured, and that the coverage afforded to the State of Iowa and the Agency under this policy shall be primary insurance. If the State of Iowa or the Agency have other insurance which is applicable to a loss, such other insurance shall be on an excess, secondary or contingent basis. The amount of the insurer's liability under this policy shall not be reduced by the existence of such other insurance.

CERTIFICATE HOLDER

nancy.wheelock@iowa.gov

Iowa Department of Administrative Service
Hoover State Office Building, Floor 3
Nancy Wheelock
1305 East Walnut Street
Des Moines, IA 50319-0105

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jack Pray/KAS2

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